

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

57022163  
STATE FILE NUMBER

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Institution) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Waynesville, Mo.</b> OR TOWN <b>Waynesville, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY <b>Waynesville, Mo.</b> OR TOWN <b>Waynesville, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>None.</b> HOSPITAL OR INSTITUTION		Length of stay in lb <b>Life.</b>	
d. STREET ADDRESS <b>None.</b>		(If outside, give location) <b>None.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lyman</b> Middle <b>Woodford</b> Last <b>Long.</b>		4. DATE OF DEATH Month <b>June</b> Day <b>12</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 11, 1897</b>
9. AGE (In years last birthday) <b>60</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steamfitter</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	
11c. BIRTHPLACE (City and state or country) <b>Waynesville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Francis Marion Long.</b>		14. MOTHER'S MAIDEN NAME <b>Nancy L. Logan.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>War II</b>		16. SOCIAL SECURITY NO. <b>442-09-3076</b>	
17. INFORMANT <b>Mrs. William V. Hensley</b>		Address <b>Way. Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the Left Lung.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Lung.</b> DUE TO (c) <b></b>		INTERVAL BETWEEN ONSET AND DEATH <b>163x</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>163x</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>12:00</b> Month <b>7</b> Day <b>1457</b> Year <b>PM</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Waynesville, Missouri</b>	
21. I attended the deceased from <b>Jan 7, 1957</b> to <b>June 12, 1957</b> and last saw her <b>him</b> alive on <b>June 11, 1957</b> Death occurred at <b>12:00 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R.O. Dewitt, M.D.</b> (Degree or title)	
22b. ADDRESS <b>Waynesville, Missouri</b>		22c. DATE SIGNED <b>6/14/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/15/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bradford Cemetery</b>		23d. LOCATION (City, town, or county) <b>Waynesville, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b> ADDRESS <b>Waynesville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-57</b>	
26. REGISTRAR'S SIGNATURE <b>Paula B. Anderson</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-15-57  
Pulaski County Health Officer  
File Number 75  
Date Filed 6-15-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 48

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.